



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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September 2006

TO: State Biweekly Benefits Administrators
State Monthly Benefits Administrators
County Community College Benefits Administrators
FROM: New Jersey State Health Benefits Program
SUBJECT: SHBP Open Enrollment 2006 – Part-Time Employees

The State Health Benefits Program (SHBP) Open Enrollment Period for all eligible part-time employees of the State and part-time faculty at institutions of higher education will be held from **October 1, 2006 through October 31, 2006.**

These eligible part-time employees may elect to enroll for benefits under NJ PLUS and the Employee Prescription Drug Plan if they did not do so when first eligible. They may also add any eligible dependents they have not previously. Enrollments or changes to coverage level made during this open enrollment will be effective on January 1, 2007 for part-time employees.

SHBP APPLICATIONS — Completed employer-certified *SHBP Part-time Employee Group Applications* should be sent to the Health Benefits Bureau as soon as they are received from employees. Please write the words, "Open Enrollment", on the top of the application to help expedite their processing. The last day that certified applications may arrive at the Health Benefits Bureau to be effective for the start of the new plan year is November 6, 2006.

RATE CHARTS — Enclosed you will find Part-time Active and Part-time COBRA Group rates for NJ PLUS and the Employee Prescription Drug Plan.

MORE INFORMATION AVAILABLE ONLINE — The SHBP's member handbooks, newsletters, and rate information are available over the Internet at the State Health Benefits Program home page: www.state.nj.us/treasury/pensions/shbp.htm

Participating provider information for NJ PLUS is available in the Unified Provider Directory (UPD). The UPD is an online service that provides a comprehensive listing of health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. Updated monthly, you can access the UPD through the SHBP home page at: www.state.nj.us/treasury/pensions/shbp.htm

If you have any questions about the information in this letter, please contact our Office of Client Services at (609) 292-7524.

Thank you for your assistance in making the SHBP Open Enrollment Period a success for your employees.

Enclosures:

2007 SHBP Part-time Active and COBRA Rates

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	PART-TIME EMPLOYEE MONTHLY RATE
<u>NJ PLUS-#101</u>	
Single	\$381.29
Member & Spouse/Domestic Partner	\$831.10
Family	\$989.21
Parent & Child	\$573.62
<u>PRESCRIPTION DRUG PROGRAM-#202</u>	
Single	\$122.19
Member & Spouse/Domestic Partner	\$279.29
Family	\$293.35
Parent & Child	\$163.08

* NJ PLUS office visit copay \$10

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
CHAPTER 172 PART-TIME LOCAL MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	PART-TIME EMPLOYEE MONTHLY RATE
<u>NJ PLUS-#001</u>	
Single	\$386.43
Member & Spouse/Domestic Partner	\$860.06
Family	\$1,000.69
Parent & Child	\$570.60
<u>PRESCRIPTION DRUG PROGRAM-#201</u>	
Single	\$132.96
Member & Spouse/Domestic Partner	\$303.96
Family	\$319.59
Parent & Child	\$177.52

COBRA RATES

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
CHAPTER 172 PART-TIME STATE MONTHLY COBRA GROUP
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	COBRA EMPLOYEE MONTHLY RATE
<u>NJ PLUS-#101</u>	
Single	\$388.22
Member & Spouse/Domestic Partner	\$846.21
Family	\$1,007.20
Parent & Child	\$584.05
<u>PRESCRIPTION DRUG PROGRAM-#202</u>	
Single	\$124.42
Member & Spouse/Domestic Partner	\$284.36
Family	\$298.69
Parent & Child	\$166.05

* NJ PLUS office visit copay \$10

COBRA RATES

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PLAN/COVERAGE DESCRIPTION	COBRA EMPLOYEE MONTHLY RATE
<u>NJ PLUS-#001</u>	
Single	\$393.45
Member & Spouse/Domestic Partner	\$875.69
Family	\$1,018.88
Parent & Child	\$580.97
<u>PRESCRIPTION DRUG PROGRAM-#201</u>	
Single	\$135.37
Member & Spouse/Domestic Partner	\$309.48
Family	\$325.40
Parent & Child	\$180.74